

**COMMUNITY HEALTHY ACTIVITIES MODEL PROGRAM  
FOR SENIORS II (CHAMPS II)**

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## **Introduction**

### **Overview**

The Community Healthy Activities Model Program for Seniors (CHAMPS) is an inclusive, choice-based physical activity promotion program to increase the lifetime physical activity levels of seniors. The program utilizes a public-health approach, targeting community-dwelling sedentary and underactive adults aged 65 and older with a broad range of health problems. The central premise of the program is that physical activity has benefits for everyone regardless of age and health status.

The program supports and encourages participants to develop a balanced exercise regimen (endurance, strength training, flexibility, balance, and coordination). This can include taking part in physical activity classes and programs in their community or exercising on their own. Participants are encouraged to develop a regimen that takes into account their health problems, activity preferences, abilities, interests, available resources, readiness to change and other factors. Using a client-centered approach, participants explore ways to motivate themselves, overcome barriers, and exercise safely. Emphasis is placed on personal choice and progressing at their own pace.

### **CHAMPS Research**

CHAMPS II was designed by researchers at the University of California, San Francisco (UCSF) and Stanford University to increase the physical activity level of sedentary and underactive adults aged 65 years and older. It grew out of an earlier program, CHAMPS I, which referred participants to existing classes and programs.

The CHAMPS II physical activity promotion program is based mainly on social cognitive theory, and utilizes principles of self-efficacy enhancement, readiness to change, and motivational strategies. Both CHAMPS programs were successful in increasing physical activity. All publications and information about CHAMPS research are available on the CHAMPS website.

Information on CHAMPS research can be found at <a href="http://www.champs.ucsf.edu">www.champs.ucsf.edu</a>
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All of the publications from CHAMPS research are listed on our website:  
<https://champs.ucsf.edu/publications>

### **CHAMPS II Program Goals**

#### *Intermediate Goals*

- To encourage and support the efforts of sedentary and underactive older adults who wish to obtain health benefits through increased physical activity
- To motivate participants who are reluctant or uncommitted to exercise to increase their activity level by helping them resolve ambivalence
- To encourage participants to develop a balanced physical activity regimen that focuses on endurance, strength training, flexibility, balance, and coordination

#### *Long-Term Goal*

- To significantly increase participants' overall physical activity levels through taking part in structured and unstructured physical activities of light to moderate intensity

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## CHAMPS Program Principles

### *Client-Centered, Individually Tailored Approach*

Client-centered motivational strategies and cognitive behavioral techniques are used to help participants make their own decisions regarding how and when to become more active. CHAMPS II adopted the “spirit” of motivational interviewing<sup>1</sup> as a model of interaction between physical activity counselors and participants. Physical activity counselors were trained in techniques and strategies to promote productive interactions with program participants.

### *Unconditional Respect for Participants*

Physical activity counselors do not judge participants’ level of progress, but empathize with participants’ concerns by showing interest and respecting their choices. They uncritically support participants’ efforts to be physically active and encourage them to develop their own strategies to overcome barriers.

### *Focus on Safety*

Participants’ safety is a principal program concern. Physical activity counselors are trained to teach participants to exercise safely and to consult their physician about medical concerns related to their program.

## Using This Manual

This manual is written for a wide audience of health professionals, fitness professionals, senior-serving agencies, parks and recreation departments, and academic research groups. Its central purpose is to describe the process of implementing CHAMPS program components to facilitate the development and testing of similar programs by others. We have drawn upon our experiences conducting the program to provide readers with practical recommendations for setting up a successful program in their local communities. The following are discussed in this manual:

1. Program Staffing and program participants
2. Outreach and recruitment
  - a. Awareness campaign
  - b. Preliminary screening by telephone
  - c. Informational meeting
3. Enrollment
  - a. Medical screening
  - b. Functional fitness assessment
4. Physical activity support mechanisms
  - a. Personal planning session
  - b. Telephone support
  - c. Group workshops
  - d. Newsletters
  - e. Activity logs

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<sup>1</sup> Rollnick, S., & Miller, W. (1995). What is motivational interviewing? *Behavioural and Cognitive Psychotherapy*, 23, 325-334.

## **Program Staffing**

A multidisciplinary team developed CHAMPS as a research study and a core group of the original study designers implemented the program and conducted the research. This team included psychologists, health educators, exercise physiologists, geriatricians, nurses, and statisticians. In order to conduct the program, the staff shared expertise in exercise safety for older adults with varying medical conditions, exercise instruction skills, principles and information related to exercise recommendations for this age group, and motivational counseling styles and strategies to encourage behavior change. CHAMPS had three masters' level staff members (an exercise physiologist for high-risk participants, a health educator, and a psychologist [who was also the project coordinator]) to oversee a total of 85 participants, develop the workshops and perform most of the tasks associated with a research project in the initial year. These staff members will be referred to as physical activity counselors (PA counselors) throughout this document. In addition there was a full-time research associate who helped with many aspects of the project.

Prior to conducting the program, the PA counselors attended multi-day trainings regarding exercise for older adults at the Cooper Institute in Dallas, Texas; attended multi-day trainings in motivational interviewing; and some attended courses in self-management for people with chronic conditions. Beyond their formal training, staff also kept current with professional literature related to older adults and exercise and attended professional conferences. As the program progressed, PA counselors conferred with one another to discuss challenging situations with participants.

What is important for others attempting to develop a similar program is that staff has the qualifications to plan and conduct the program. These qualifications may be found in an array of disciplines such as kinesiology, exercise physiology, physical therapy, sports psychology, physical education, gerontology, nursing, health education, psychology, and social work. Staff qualifications and skills vary across the program components and are briefly listed here.

### *1) Outreach and recruitment*

- Presentation skills
- Trained in motivational skills and techniques
- Familiar with benefits of exercise for older adults
- Familiar with special exercise-related concerns of older adults
- Knowledgeable about the enrollment requirements and project details

### *2) Medical screening as offered in CHAMPS*

- Involvement of physician to review screening procedures, review individual cases, and address questions of staff nurse/exercise physiologist throughout the project.
- Nurse (with experience working in cardiac rehab or similar) to initially review self-report medical history, check blood pressure and heart rate, determine if physician consent is needed prior to functional fitness testing or if any tests should be omitted or modified, assist with follow-up medical clearance and/or questions as needed.
- Exercise physiologist (with experience conducting fitness testing and prescribing exercise for older adults with various medical conditions) to assist the nurse with monitoring of participants and to oversee the testing session. At the 6- and 12-month assessments, the staff exercise physiologist served the screening role that the nurse performed at baseline and additional exercise physiologists helped oversee the testing and monitoring of participants.

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#### *3) Functional Fitness Assessment*

- Physician, nurse, and exercise physiologist(s) as noted above.
- Additional trained staff for check in/out and conducting assessments.
- Note that staff should maintain current CPR and 1st aid certifications to conduct the assessments.

#### *4) Enrollment*

- Knowledgeable about the enrollment requirements and project details
- Trained to administer questionnaires and other paperwork

#### *5) Physical activity support mechanisms*

- Counseling skills and exercise knowledge to work directly with participants during personal planning session, telephone support, and workshops (which often included small discussion groups)
  - Experienced exercise physiologist (or similar professional) to work with higher risk cases, to respond to individual questions in workshops, to serve as a resource for other staff, and to follow-up with physicians as needed
- Teaching skills and appropriate background to conduct workshops (which included a range of activities such as small group discussions, interactive presentations, and mini-exercise sessions focused on proper form and safe exercise techniques)
  - Guest instructors can also provide additional expertise

## **Participants**

### **Eligibility**

Participants in CHAMPS II were members of Medicare Health Maintenance Organizations (HMO) within a large multi-specialty medical group practice in Northern California, the Palo Alto Medical Foundation (PAMF). Throughout the manual, we refer to PAMF as the “medical group.” Consistent with a public health approach, the program aims to be as inclusive as possible. For the CHAMPS II research, participants had to meet the following eligibility criteria:

1. Sedentary or underactive:
  - Sedentary refers to individuals that do not “set aside time for regular exercise such as brisk walking, swimming, dancing, riding an exercise bike, or taking part in recreational sports.”
  - Underactive refers to individuals who have not exercised for at least the prior 3 months or more, or who participate in some physical activities but do not meet the minimum eligibility criteria for frequency ( $\geq 3$  times per week), duration ( $\geq 20$  minutes per session), or intensity (produces sweat, or increases heart rate or breathing).
2. Had no recent serious medical condition such as a cardiac event, insulin-dependent diabetes, or hospitalization for a major disease that could limit participation in unsupervised light-to-moderate physical activity.

### **Characteristics of the Study Population (N=173)**

#### *Demographics*

- Participants ranged in age from 65 to 90 years old, with a mean age of 74
- 66% were female and 9% were non-Caucasian
- Most participants had at least some college (19% high school or less, 25% some college, 27% college degree, 6% some graduate school, and 22% graduate degree)
- Almost 50% had family incomes between \$20,000 and \$40,000 and approximately 19% had incomes less than \$20,000

#### *Health and Physical Activity Level*

Participants had a range of self-reported health conditions typical of the older U.S. population:

- Arthritis or joint problems (65%)
- Hypertension (40%)
- Cardiovascular problems (16%)
- Asthma, chronic bronchitis, or emphysema (10%)
- Diabetes (7%)

Physical activity levels were distributed as follows:

- Sedentary (45%)
- Underactive (55%)

## Outreach and Recruitment

### Overview

There were three phases in outreach and recruitment; each is described in this section

- **Awareness Campaign:** A sample of members of a Medicare HMO was informed about the upcoming study in an initial contact letter and the study was mentioned in a medical group newsletter.
- **Preliminary Screening by Telephone:** A telephone interview screened for preliminary eligibility and enumerated the population; eligible respondents were invited to an informational meeting.
- **Informational Meeting:** This meeting provided an overview of the program and research; persons attending the informational meeting were invited to enroll.

### Theoretical Basis of Recruitment Strategies

Four theoretical perspectives inform the outreach and recruitment strategies used by CHAMPS: social marketing, social influence, the transtheoretical model, and motivational interviewing. We briefly summarize each perspective and then describe the specific strategies to recruit participants.

#### *Social Marketing*

“Social marketing is the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of their society.”<sup>2</sup>

#### *Social Influence*

Social influence theory posits that persons of authority can effect change in individuals’ behavior because they are trusted. By following the recommendations of an authority figure, individuals may come to believe that they are making good decisions. Individuals may also influence others through building and maintaining relationships.<sup>3</sup>

#### *The Transtheoretical Model: Stages of Change*

The transtheoretical model of behavioral change<sup>4</sup> is widely accepted by behavioral scientists to explain the process of behavioral change. The model suggests that individuals’ readiness to make behavioral changes recommended by an educational intervention are tied to their mental stage of readiness. The model posits a series of stages of readiness: the precontemplative stage (not even thinking about changing); the contemplative stage (thinking about changing); the action stage (making efforts toward

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<sup>2</sup> Andreasen, A. R. (1995). *Marketing Social Change: Changing Behavior to Promote Health, Social Development, and the Environment*. San Francisco: Jossey-Bass.

<sup>3</sup> Cialdini, R. B., & Trost, M. R. (1998). Social influence: social norms, conformity, and compliance. In D. T. Gilbert, S. T. Fiske & G. Lindzey (Eds.), *The Handbook of Social Psychology* (Fourth Edition ed., Vol. 2, pp. 151-192). Boston: The McGraw-Hill Companies, Inc.

<sup>4</sup> Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology*, 51, 390-395. and Prochaska, J. O., Redding, C. A., & Evers, K. E. (1997). The Transtheoretical Model and stages of change. In K. Glanz, F. M. Lewis & B. K. Rimer (Eds.), *Health Behavior and Health Education* (2nd ed.). San Francisco: Jossey-Bass Publishers.

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change); and the maintenance stage (maintaining the changes). Understanding the stage that the patient is in at the time of intervention can assist with tailoring messages and strategies.

#### *Motivational Interviewing*

“Motivational interviewing is a directive, client-centered counseling style for eliciting behaviour change by helping clients to explore and resolve ambivalence. It is most centrally defined not by technique but by its spirit as a facilitative style for inter- personal relationship.”<sup>5</sup> The technique involves asking open-ended questions, listening reflectively, and reinforcing, positive statements about changing the desired behavior, and has been shown to be effective in engaging patients in treatment and facilitating behavioral change.<sup>6</sup>

See Appendix 1: Motivational Interviewing Principles, Strategies, and Skills
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### Developing Recruitment Messages and Materials

#### *Gathering Information from Targeted Community*

Five focus groups and several individual interviews with staff members at senior-service agencies, volunteers at senior centers, and health educators at the medical group were used to gather information about existing programs, community needs, and planned outreach/recruitment materials. Focus group topics included:

- Aging, active living, exercise, and physical activity
- Motivators and barriers to joining a program such as CHAMPS
- Evaluation of recruitment materials which included an envelope, an initial contact letter, a response post card, and use of a telephone invitation to an informational meeting

#### *Developing Invitational Messages*

We developed several stage-appropriate messages that were used at the end of the telephone interview to recruit new participants. A computer-assisted telephone interview (CATI) program was written to assign respondents to one of three groups: (1) individuals ready to attend an informational meeting; (2) individuals reluctant to join an action-oriented program; and (3) ineligible individuals. Subsequent conversation with each respondent was guided by his or her group assignment. The CATI program generated a script for the balance of the conversation, based upon prospective participants' eligibility status and readiness to hear about exercise. CATI interviewers were trained in motivational techniques in order to have a dialogue with respondents in the second group.

#### *Using Social Influence Theory to Reinforce Program Credibility*

Based on the assumption of social influence theory that advice from trusted authority figures can facilitate individuals' behavioral change, we enlisted the endorsement of the medical group and a noted geriatrician to increase potential participants' interest in the program and establish the legitimacy and value of CHAMPS.

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<sup>5</sup> Rollnick, S., & Miller, W. (1995). What is motivational interviewing? *Behavioural and Cognitive Psychotherapy*, 23, 325-334.

<sup>6</sup> Miller, W. R., & Rollnick, S. (1991). *Motivational Interviewing*. New York: The Guilford Press.

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#### Phase One of Recruitment: Awareness Campaign

Defining our population as members of an HMO in a medical group enabled us to use proactive methods to reach potential participants. This took two forms: 1) an article in the monthly medical group newsletter about the upcoming study, which was mailed to billed patients and distributed throughout the medical group facilities, and 2) an initial contact letter to sampled persons from a geriatrician at the medical group. The initial contact letter was printed in the medical group's letterhead, and was signed by a well-known geriatrician.

#### Phase Two of Recruitment: Preliminary Screening by Telephone

The initial contact letter was followed up by a telephone survey, which included questions on the following topics:

- Eligibility criteria
- Health behavior and/or risk factors (e.g., exercise, smoking, weight, stress)
- Health status
- Exercise readiness
- Social support
- Transportation issues
- Satisfaction with own health and fitness
- Confidence about own physical activity ability
- Restricted activity days (health limitations in daily activity)
- Interest in learning more about various health topics
- Knowledge of current physical activity guidelines

#### *Verbal Invitation to Invitational Meeting and Use of CATI Program*

Persons who were not eligible were thanked for their participation at the conclusion of the interview. For those who were eligible, aided by the CATI program, CHAMPS interviewers customized the recruitment message based on their perceived readiness to attend the informational meeting. Motivational strategies were used particularly at this stage of the telephone interview in which invitations were being made.

Respondents were judged as “ready” if they said they had **thought about doing some physical activity AND were interested in learning more about physical activity**. These respondents were thanked for taking the survey and invited to attend the informational meeting to hear about a new health program.

Respondents that were judged as “less ready” to attend the informational meeting included those that had **thought about doing some physical activity but were NOT interested in learning more about physical activity** or that were **completely inactive**. These individuals were also invited to learn more about the study by attending a group informational meeting, however, the conversational scripts differed to account for their possible ambivalence. An example of one of these scripts and a typical dialogue are presented below.

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#### *Example of a Motivational Script*

The following script was used with respondents who indicated in the telephone survey that they were not physically active but were considering becoming more active, and **were not** interested in learning more about physical activity:

#### **Use MI approach. Pick two or three topics to probe for further information.**

We're almost finished. Thank you for being so helpful. I have just a few more questions to ask based on some of your previous answers. These are open-ended questions so I will be writing down your responses as we speak.

You mentioned that you were not currently setting aside time to do exercise such as brisk walking or swimming but you have been thinking about starting something. What can you tell me about that? (REFLECT BACK ANSWER AND CONTINUE TOPIC). If you wanted to add more physical activity to your day, what activities would interest you? (PARAPHRASE ANSWER AND EXPLORE TOPIC).

- Pick other topics from survey questions about confidence, safety issues, energy levels, time constraints
- End conversation with invitation

Thanks so much for giving me your time. *We're looking for older adults such as you who (INSERT SOMETHING POSITIVE RESPONDENT SAID SUCH AS) .....are willing to try new ideas .....interested in being able to live independently .....want to continue taking trips with grandchildren As the letter from Dr. Bortz mentioned, we are working on a project to find ways to help older adults improve their overall health and well-being. I'd like to offer you an invitation to hear about the free program that is part of this project.*

Theoretically, the extra time spent in conversation with a respondent helps to establish rapport and perhaps encourages him/her to be "more ready" to respond in a positive manner to the invitation to attend the information meeting. The conversation provides an opportunity for the respondent to think more about the possibilities for being physically active and also offers a forum to express concerns about barriers to physical activity.

#### **Phase Three of Recruitment: Informational Meeting**

##### *Purpose*

- To describe the program in detail (what to expect, who can participate, participant requirements, activities available)
- To emphasize the benefits of increased physical activity for See Appendix 3: Informational people of all ages and functional levels Meeting Agenda and Script
- To emphasize the individualized nature of the program
- To motivate potential participants to enroll in the program

Group informational meetings were held at the auditorium of the medical group over a 5-month period. Attendance at the meetings ranged from 14 to 42 prospective participants.

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#### *Motivational Speaker and Message*

The motivational speaker, Dr. Walter M. Bortz, II was well-known at the medical group as a geriatrician and is the author of several books on aging.<sup>7</sup> His message emphasized these points:

- There is a link between exercise and physical functioning
- The aging process is affected by lifestyle choices
- Many health conditions are associated with aging - muscle weakness, joint stiffness, and shortness of breath – but are in part caused by disuse of the associated muscle, joint or cardiovascular system
- There is no time to waste. Anyone at any age can benefit from starting to exercise
- Participation in CHAMPS II will help answer some scientific questions.
- Participation in CHAMPS II may help maintain or improve one’s ability to function as independently as possible

#### *Slide Show*

A slide show was presented of older adults participating in various physical activities. The central messages of the slide show were

- Almost everyone can enjoy exercise;
- Expensive exercise clothes are not necessary;
- A wide variety of activities is available; and
- Exercise can be done alone or in a group.

The slide show also informed potential participants about the research study design, including what the study hoped to accomplish, the scientific importance of a randomized design, and enrollment requirements, including the time commitment for data collection.

#### *Recruitment Mechanisms*

It was emphasized that individuals did not have to be ready to increase their physical activity to join the program.

“This is an individually tailored program. We will work with you to help you accomplish what you want to accomplish. We’d like you to enroll in the program whether or not you are ready to increase your levels of physical activity.”

Attendees indicated their interest in joining CHAMPS II by responding “yes,” “no,” or “maybe” on a response card placed on each seat. Those who responded “yes” were asked to sign-up for the study and schedule an enrollment appointment. Participants who said “yes” but did not sign up were called to schedule an appointment.

Telephone interviewers trained in motivational interviewing skills called attendees that answered “maybe” on the response card. These interviewers worked with potential participants to explore their hesitation to exercise, Interviewing Principles, help resolve their ambivalence about exercising, and overcome barriers to joining the study.

See Appendix 1. Motivational Interviewing Principles, Strategies, and Skills
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<sup>7</sup> Bortz, W. M. (1996). *Dare to Be 100: 99 Steps to a Long, Healthy Life*: Fireside. Bortz, W. M., & Tennant, R. (2001). *Living Longer for Dummies*. New York: John Wiley & Sons.

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### *Enrollment Folders*

Staff handed out (or mailed) folders with the needed enrollment forms to each attendee who wished to enroll in the program. Staff asked attendees to complete the forms on their own and bring them to the enrollment appointment, at which time staff members would assist them with any problems they encountered with the forms. The forms included:

- Information about the study
- An informed consent form
- A medical history and a baseline questionnaire
- A physician contact form that gave permission for project staff to notify each patient's primary care physician about the patient's participation in the project

### *Participant Reactions to Informational Meetings*

Program enrollees rated the informational meeting as "very helpful," and stated that it encouraged them to start and "stick with" their individual physical activity regimens. During focus groups at the conclusion of the intervention, participants (especially men) noted that this meeting was an important motivating factor for joining CHAMPS.<sup>8</sup>

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<sup>8</sup> Gillis, D. E., Grossman, M. D., McLellan, B. Y., King, A. K., & Stewart, A. L. (2002). Participant's evaluations of program components of a physical activity promotion program for senior (CHAMPS II). *Journal of Aging and Physical Activity*, 3, 336-353

## **Enrollment**

Enrollment into the CHAMPS II program consisted of attending an enrollment session, completing medical screening and a baseline assessment, and receiving a functional fitness assessment. The portions of this enrollment that are relevant to the program itself (versus the research aspects) include the medical screening and the functional fitness assessment. These are each described in this section.

### **Medical Screening**

#### *Purpose*

- To allow the nurse (at baseline) and exercise physiologist (at 6 and 12 months) to review and discuss with participants the self-reported medical history form, and to measure their blood pressure and heart rate
- To determine if participants may proceed with the functional fitness assessment or if follow-up with their physician is needed prior to the functional fitness assessment
- To determine if any of the functional fitness assessments need to be modified or omitted because of medical concerns about the participants
- To determine if participants need additional assistance or monitoring during the assessments
- To inform participants' physical activity counselor about conditions that could affect the guidance they provide
- To exclude participants who should not initiate an unsupervised light-to-moderate intensity physical activity program because of medical problems that had not been identified on the enumeration survey

#### *Self-Reported Medical History*

The medical screening process includes a questionnaire that allows participants to self-report their medical history. The questionnaire is more detailed than the brief enumeration medical screening and functions as a baseline health evaluation for the study. This information also helps to appropriately match participants and PA counselors.

See Appendix 4: Medical History Questionnaire

#### *Notifying the Participant's Physician*

Because CHAMPS II was conducted in a medical group setting, it was appropriate to ask participants for the names of their primary care medical doctors. CHAMPS staff members obtained participants' written consent to contact their doctors.

For participants with no serious, unstable medical problems (such as angina that had not been discussed with his/her physician, uncontrolled hypertension, presence of a pace maker), letters were sent to their primary care physicians notifying physicians of their patient's participation in the study and asking them to contact the program staff if they had any concerns or questions. The letters were hand delivered to the physicians' offices although certified mail could have been used to ensure delivery.

See Appendix 5: Medical Release Form and Appendix 6, Notification Letter to Participant's Physician

For those with more serious medical problems such as angina with exertion, the participant was asked to discuss the condition and with his/her physician. These individuals typically needed medical clearance from his/her physician prior to enrollment into the project. Individual cases were discussed by the geriatrician (medical director of the project), staff nurse, and staff exercise physiologist. The procedures

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varied slightly depending on where in the screening process it was determined that clearance was needed. The study physician, nurse, and/or exercise physiologist assisted with this process until medical clearance was obtained.

### *Medical Screening at Subsequent Functional Fitness Assessment*

For the 6- and 12-month assessments, participants completed a brief telephone screen asking about changes in their medical history in the prior months to determine if the nurse or exercise physiologist should discuss these changes before scheduling an assessment. Participants also completed a medical history update that the exercise physiologist reviewed at the functional fitness assessment. The staff physician and nurse were contacted as needed for questions or follow-up.

See Appendix 7: Script and Phone Screen to Schedule 6-month Functional Fitness Assessment

See Appendix 8: Medical History Questionnaire 6-month Update

## Functional Fitness Assessment

### *Purposes*

- To assess participants' functional fitness through simple performance-based tests of functioning, including measures of balance, upper and lower body strength, low back/hamstring flexibility, and cardio respiratory endurance
- To measure changes in fitness over time using repeated tests at 6 and 12 months
- To provide feedback to participants

### *Specific Functional Fitness Tests*

We used a battery of functional fitness tests developed by Guralnik et al.<sup>9</sup> which included the standing static balance test, the eight-feet time to walk test, and chair stands, as well as three other tests.

1) *Standing static balance test.*<sup>9</sup> The test requires participants to stand for ten seconds with their feet: side-by-side, semi tandem, and tandem. Note that participants only progress to the next stance if they are able to accomplish the ten seconds in the current stance.

2) *Eight-feet time to walk test.*<sup>9</sup> This test measures participants' time to walk eight feet at their usual pace. A walking aid may be used. The test is performed twice.

3) *Chair stands.*<sup>9</sup> This test assesses lower body muscular strength and endurance. Participants stand up from a chair with their arms crossed at their chest and then return to a seated position. Testers note if participants need to use their hands or a walking aid to push off the chair. Participants are asked to perform the task as quickly as possible. The test measures the time to complete five repetitions.

4) *Lift and reach test.* This test assesses upper body muscular strength and endurance. While seated, a participant lifts a weighted box onto a 13'' shelf as many times as possible in one minute. The standard weight used is 20 pounds for men (which may be reduced to 10, 5, or 2.5 pounds), and 10 pounds for women (which may be reduced to 5 or 2.5 pounds). The test measures the number of times a participant lifts the weight in one minute.

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<sup>9</sup> Guralnik, J. M., Branch, L. G., Cummings, S. R., & Curb, J. D. (1989). Physical performance measures in aging research. *Journal of Gerontology*, 44, M141-146.

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5) *Sit and reach test.* This test assesses lower back and hamstring flexibility. Participants sit on the floor (or on a table if it is difficult for them to get down or up from the floor). They extend both legs forward, bending their knees slightly and placing their feet against the back of a sit and reach box that includes a measuring stick. Participants then gently reach forward with two hands (one on top of the other), flexing their torso as far as possible without incurring discomfort. The test measures the distance of the fingertips from the feet, indicated by the measuring stick.

6) *Six-minute walk.* This test assesses cardiorespiratory endurance. Participants are encouraged to cover as much distance as possible at a pace at which they do not incur shortness of breath. A walking aid may be used. The test measures the distance covered in 6 minutes.

**NOTE:** Rikli and Jones published a battery of functional fitness tests for older adults called the “Senior Fitness Test,”<sup>10</sup> which we recommend using because testing results may be compared to national norms for age and gender.

#### *The Testing Process*

- Participants signed up for the functional fitness assessment at the informational meeting or at the time of a follow-up phone call
- Test administrators were trained by an exercise physiologist
- The assessment was held in the auditorium of the medical group and was conducted using a “station” formation which participants completed all of the tests in a specified sequence, beginning with the medical screening
- The functional fitness assessment results were discussed at the participants’ personal planning session
- All test results during the program period (baseline, six, and 12 months) were discussed at the end of the one-year program.

**NOTE:** During the functional fitness assessment, staff members reviewed the completed physical activity questionnaires and other paperwork with participants. Participants received a physical activity log (and tip sheet) to be completed prior to the personal planning session.

See section on Physical Activity Support Mechanisms: Activity Logs
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<sup>10</sup> Rikli, R. E., & Jones, C. J. (2001). *Senior Fitness Testing Manual*. Champaign, Illinois: Human Kinetics.

## **Physical Activity Support Mechanisms**

### **Introduction**

This section presents details about the five mechanisms we used to support participants in their efforts to increase physical activity:

- Personal planning session
- Telephone support
- Group workshops
- Newsletters
- Activity logs

As noted above, CHAMPS is a client-centered, self-management program. A PA counselor is assigned to each participant and bears responsibility for the long-term interaction between the participant and the program, but participants make personal choices about their physical activities and goals. The support mechanisms are designed to encourage participants to find personally meaningful goals and to provide motivation, encouragement, and reinforcement for successful changes in activity, no matter how slow the progress. Participants are only required to attend the personal planning session, to receive telephone calls, and to complete activity logs (for two weeks of every month). PA counselors strongly encourage participants to attend the initial workshops that cover exercise safety and getting started; other workshops are optional based on their interest.

### **Physical Activity Support Mechanism: Personal Planning Session**

#### *Purpose*

- To enroll and randomize participants into intervention and wait-list control group.
- To discuss participants' needs, concerns, and preferences based on their readiness to increase their level of physical activity
- To establish a relationship between the physical activity counselors and participants
- To motivate participants to attend the first workshop and to discuss details of the program
- To individualize initial plans based on discussion of participants' needs, concerns, and preferences
- To set an initial short-term goal for participants based on their readiness to increase their level of physical activity
- To briefly review two exercise booklets that are given to participants

#### *Program Folders for Counselors*

Participants were assigned to specific PA counselors based on their medical needs and schedules. Participants with complicated medical histories (conditions other than controlled hypertension or arthritis) were assigned to the exercise physiologist for activity support.

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Program folders were assembled for all participants, which helped the PA counselors provide personal support to each participant. Each folder included participants':

- Screening and demographic information
- Photo
- Completed physical activity questionnaire
- Functional fitness assessment results
- Baseline activity log
- Signed informed consent
- Physician contact information

#### *Preparing for the Personal Planning Session*

Prior to each session, PA counselors reviewed and summarized participants' completed medical history questionnaires and the results of the functional fitness assessments. Counselors also determined participants' contraindications to exercise, discussed concerns with the staff nurse and exercise physiologist, and selected appropriate handouts for participants.

Resources available to PA counselors included: a nursing drug guide and exercise guidelines for individuals with various diseases, handouts and materials in a portable file folder brought by the counselor to the session, a private space with a table, two chairs, and enough room to demonstrate stretching exercises.

NOTE: Another good resource for program staff is ACSM's Exercise Management for Persons with Chronic Diseases and Disabilities, Second Edition.<sup>11</sup>

#### *Planning Session Agenda*

The planning session focused on the following topics:

1) *Defining roles and responsibilities.* Each PA counselor and participant discussed a partnership agreement which described each of their roles and responsibilities. These included maintaining monthly telephone contact, keeping activity logs, and completing 6- and 12-month assessments (questionnaires and functional fitness testing).

2) *Review timeline.* PA counselors scheduled the first telephone appointment, distributed a flyer for the first workshop, and reviewed the commitment to the program including completion of a 12-month assessment.

3) *Review functional fitness assessment results.* PA counselors explained individual variability of testing results, i.e., the time to complete the chair stands could vary if they were feeling better on one day versus another day. They also explored participants' feelings about the tests and whether there were any areas of physical functioning they were interested in focusing on during their program.

4) *Review completed activity logs.* PA counselors reviewed and discussed with participants the activity logs that they completed for two weeks prior to the appointment. They also reviewed the work effort scale and activity log tip sheet again.

See Appendix 9, Activity Log, and Appendix 10, Activity Log Tips
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<sup>11</sup> ACSM's exercise management for persons with chronic diseases and disabilities (2nd ed.) Champaign, Illinois: Human Kinetics (2003).

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5) *Discuss the physical activity plan.* The PA counselor and participant discussed many factors as they worked together to develop a reasonable plan to increase (or to at least think about increasing) the participant's physical activity. Depending on the PA counselor's background and the individual's needs, the counselor served as a resource and helped provide information for the participant to determine his/her own plan. At times, PA counselors recommended additional follow-up with the staff exercise physiologist or personal physician.

6) *Readiness to change and preferences for different activities.* Depending on participants' readiness to change, PA counselors discussed participants' interests, barriers, and options. When participants were not ready to start a new physical activity, PA counselors asked questions about participants' barriers and discussed with them the pros and cons of changing their current level of physical activity. Participants were encouraged to come up with their own reasons for possibly increasing activity sometime in the near future. When discussing preferences for exercise, PA counselors always discussed safety issues around those exercises.

- *Home-versus class-based options for exercise.* PA counselors had lists of community sites that offered physical activity classes for seniors. Both class-based and home-based possibilities were explored; they discussed factors such as preference for group versus individual options, location, costs, schedules, and safety concerns.
- *Goal setting.* If participants seemed ready to begin a new activity, PA counselors discussed current guidelines for endurance, strength, flexibility, and balance. They also discussed an appropriate, step-by-step way to increase physical activity (start light, slowly increase). Participants were asked to think about the overall goal that they wanted to reach by the end of the year and about the small steps they would take to reach that goal.
- *Education around exercise and safety.* PA counselors distributed and reviewed two exercise booklets: *Exercise and Your Heart: A Guide to Physical Activity* (American Heart Association 1993) and *Pep Up Your Life* (American Association of Retired Persons 1994).
- When appropriate, staff members provided handouts including tips developed by the staff nurse on topics such as exercising safely and taking precautions with certain chronic conditions.
- PA counselors explained the importance of moderation, demonstrated the "talk test," showed some modifications of exercises in one of the books, and discussed the "perceived exertion scale."<sup>12</sup>
- PA counselors reviewed a Behavioral Contract designed to help participants come up with a self-selected goal for the following week.
- *Self-monitoring.* Participants were asked to complete activity logs at least 2 weeks/month. The forms provided information to counselors for use in telephone support and were a feedback mechanism for participants. Staff mailed the logs each month with the newsletter.

At the end of the session, PA counselors scheduled a follow-up telephone appointment. They also encouraged participants to sign up for the first workshop about exercise basics, including safety.

**NOTE:** The materials given to participants were the most relevant and economical available at the time to provide "self-help" in written form. We recommend the free book: *Exercise and Physical Activity: Your Everyday Guide from the National Institute on Aging* which is available in English and Spanish.

<https://order.nia.nih.gov/publication/exercise-physical-activity-your-everyday-guide-from-the-national-institute-on-aging>

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<sup>12</sup> Borg, G. A. V. (1982). Psychophysical bases of perceived exertion. *Medicine and Science in Sports and Exercise*, 14, 377-381.

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#### *A Recommendation for Future Programs*

The CHAMPS PA counselors recommend that future programs include a follow-up session with high-risk participants and with those not ready to begin exercising. Because the initial session covers so much material, a follow-up session to review key safety issues or concerns, practice more of the self-monitoring skills, and address more thoroughly any special needs for higher risk individuals might be useful. For those not ready to begin exercising, additional one-on-one sessions would have allowed more time to work on behavioral strategies to help participants transition to a point of readiness.

### **Physical Activity Support Mechanism: Telephone Support**

#### *Purpose*

- To provide support, motivation, and follow-up for all participants
- To acknowledge participants' readiness to change and adopt appropriate strategies
- To help participants take the steps to reach their goals
- To develop strategies to overcome barriers
- To discuss with participants changes in their medical condition and how these changes can affect physical activity planning

#### *Details*

Telephone calling also utilized techniques of "motivational interviewing." As mentioned earlier, this is an approach that acknowledges a person's readiness to change, is nonjudgmental, and encourages participants to make their own choices regarding the next steps in their physical activity planning and the strategies they use for overcoming barriers.

Generally, participants reported that telephone support is an effective strategy for encouraging the development of a regular physical activity program. To accommodate busy schedules, we noted participants' preferred times for receiving phone calls in each participant's folder during the planning session. Sometimes participants were called after business hours. In some cases, phone appointments were scheduled in advance.

Prior to calling, PA counselors reviewed participants' activity logs, notes from their personal planning session (including medical concerns), and notes from previous telephone calls.

#### *Structure of Telephone-Based Motivational Support Sessions*

Telephone calls followed a general outline, which changed as participants neared the end of the one-year program to focus on relapse prevention and ways to continue being physically active after the program support ended.

See Appendix 11: Telephone Follow-up Form
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PA counselors began phone calls with open-ended questions about participants' physical activity program and overall health and wellbeing. They listened reflectively to participants' comments, probed for information about why their individual activity plan may or may not be working for them, and provided positive reinforcement for accomplishments.

#### *Other Topics Discussed by PA counselors*

*Medical Concerns.* PA counselors queried participants about any changes in their medical conditions and about signs and symptoms of exercise intolerance such as new or increased pain related to exercise.

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(NOTE: Participants brought up a wide range of medical concerns from increased joint pain with strengthening exercises to chest pain with walking). Depending on the PA counselor's background some situations included:

- Participant should talk to a physician regarding his/her medical concerns.
- Staff exercise physiologist could discuss some questions/concerns regarding a participant's exercise program. For instance, if a participant felt that certain exercises aggravated his/her arthritis, they could discuss the situation such as the type of arthritis, what exercises the person was doing, and potential modifications that could be tried or whether certain exercises should be avoided (such as during a flare-up of rheumatoid arthritis).
- At times, staff could obtain permission from those with medical concerns related to their exercise program to have the exercise physiologist, nurse, and/or geriatrician work with a participant's physician for additional recommendations.

*Goals, Barriers, and Motivation.* PA counselors discussed participants' recent physical activity based on their returned activity logs. Additionally, they discussed barriers to participants' activity program and ways to overcome them. Participants were encouraged to problem solve and come up with their own strategies to overcome barriers. When participants were unable to solve their activity problems, PA counselors asked permission to offer solutions that "worked for others," and then offered participants a menu of options. Other topics included:

- Strategies to resume activity after a medical or personal interruption
- Goal-setting for the following month
- Arrangements for follow-up phone calls and workshop attendance

NOTE: Participants discussed a wide variety of situations with PA counselors. Illness, surgery, and deaths of friends or family members were both major barriers and sometimes major motivators to exercising.

#### *Frequency of Phone Calls*

<i>Event</i>	<i>Frequency</i>
Initial telephone call	One time, 1-2 weeks after personal planning session
Months 1-3	Every two weeks
Months 4-12	Monthly

### **Physical Activity Support Mechanism: Group Workshops**

#### *Purpose*

- To teach the basics of exercise safety
- To provide information about health and wellness topics using a step-by-step approach, practical experience, and examples of others in the group (modeling)
- To have participants try different types of physical activities under supervision, with staff making appropriate corrections and suggestions
- To have participants practice self-management techniques for overcoming barriers
- To build self-efficacy and provide group support

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#### *Format*

We conducted 10 monthly workshops formatted as small groups. The workshops provided participants with information about and practical tips on how to do various exercises and how to safely increase physical activity level. The workshops also provided participants with opportunities to exchange ideas with each other.

**NOTE:** Although the workshops were optional, we strongly encouraged participants to attend the initial workshops.

#### *Specific Workshop Topics & Descriptions of Demonstrations*

We present here a brief summary of each of the 10 workshops.

<b>Workshop #1: EXERCISE BASICS</b>	
Goal: To teach basics rules of exercising safely	
Content	Practical Lessons Using Demonstrations and Practice
<ol style="list-style-type: none"><li>1. Normal responses to exercise and signs and symptoms of doing “too much” exercise</li><li>2. Contraindicated movements</li><li>3. Introduction to the different types of exercises (endurance, strength, flexibility, and balance) and their benefits</li></ol>	<ol style="list-style-type: none"><li>1. How to use the rating of perceived effort scale (RPE) and talk test</li><li>2. How to do seated/ standing, marching, and arm movements for warm up, cardiorespiratory fitness, and cool down</li><li>3. Flexibility exercises</li></ol> <p><b>Note:</b> Participants met in small groups to discuss overcoming barriers and setting goals.</p>

<b>Workshop #2: STRENGTH AND POSTURE</b>	
Goal: To educate participants about building strength and improving posture	
Content	Practical Lessons Using Demonstrations and Practice
<ol style="list-style-type: none"><li>1. How to identify personal motivators</li><li>2. Problem solving</li><li>3. Importance of posture</li><li>4. Benefits of strength training</li><li>5. Current recommendations for strength training</li><li>6. Key safety issues</li></ol>	<ol style="list-style-type: none"><li>1. Proper posture for sitting, standing, lifting, and carrying objects</li><li>2. Strengthening exercises using resistance bands and/or dumbbells</li><li>3. Stretching exercises (review from workshop #1)</li></ol> <p><b>Note:</b> Participants met in small groups to identify personal motivators and practice problem solving.</p>

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<p><b>Workshop #3: WALKING AND HEART RATE CLINIC</b>                  Goal: To practice walking at a safe rate and have fun outdoors.                  (This workshop was held at a local sports track)</p>	
Content	Practical Lessons Using Demonstrations and Practice
<ol style="list-style-type: none"> <li>1. How to measure heart rate and calculate target heart rate</li> <li>2. The influence of medications, pacemakers, etc. on heart rate</li> <li>3. Walking safely (environmental hazards, footwear, etc.)</li> </ol>	<ol style="list-style-type: none"> <li>1. How to use the rating of perceived effort scale (RPE) and talk test</li> <li>2. How to measure and calculate heart rate</li> <li>3. How to properly warm-up and stretch</li> <li>4. Walking on the track for cardio-respiratory fitness</li> <li>5. Cool down and post-exercise stretches</li> </ol>

<p><b>Workshop #4: FITNESS FAIR</b>                  Goal: To introduce participants to a wide range of community physical activity classes for older adults</p>	
Content	Practical Lessons Using Demonstrations and Practice
<ol style="list-style-type: none"> <li>1. Benefits of participating in fitness classes in the community</li> <li>2. Finding the right class with concerns for cost, location, intensity level, schedule, and format</li> <li>3. Classes represented included: gentle aerobics, water aerobics, general conditioning, yoga</li> </ol>	<ol style="list-style-type: none"> <li>1. Several class leaders invited class members to perform typical exercises to demonstrate the nature of the class</li> <li>2. CHAMPS participants were invited to try some of the exercises</li> </ol>

<p><b>Workshop #5: IMPROVING BALANCE &amp; PREVENTING FALLS</b>                  Goal: To educate participants about exercises that promote balance and coordination and increase awareness of other factors associated with fall prevention</p>	
Content	Practical Lessons Using Demonstrations and Practice
<ol style="list-style-type: none"> <li>1. Body mechanics related to balance and fall prevention</li> <li>2. Facts on falling</li> <li>3. A Tai chi guest instructor discussed the benefits of tai chi</li> <li>4. Staff presented a slide show on factors related to falls</li> </ol>	<ol style="list-style-type: none"> <li>1. Lower body strength exercises</li> <li>2. Feet/ankle range of motion exercises</li> <li>3. Balance and coordination exercises</li> <li>4. What to do if you fall</li> <li>5. Tai chi movements</li> <li>6. How to get safely down to and up from the floor</li> </ol>

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<b>Workshop #6: FINDING TIME &amp; MOTIVATION FOR PHYSICAL ACTIVITY</b>	
Goal: To help participants evaluate how to fit appropriate physical activity into their daily lives	
Content	Practical Lessons Using Demonstrations and Practice
<ol style="list-style-type: none"> <li>1. Reframing and considering other points of view to overcoming common barriers</li> <li>2. Various “tools” to motivate oneself to maintain or increase physical activity</li> </ol>	<ol style="list-style-type: none"> <li>1. 24 hour personal time study of sedentary and active behavior</li> <li>2. Participants considered other points of view for overcoming common barriers</li> <li>3. Participants made a physical activity contract for the next week</li> <li>4. Participants practiced stretching exercises during “stretch break”</li> </ol>

<b>Workshop #7: MAINTAINING/ACHIEVING HEALTHY DIET &amp; BODY WEIGHT</b>	
Goal: to educate participants on healthy approaches to weight management	
Content	Practical Lessons
<ol style="list-style-type: none"> <li>1. Healthy approaches to losing, gaining, and maintaining body weight</li> <li>2. Relationship between diet, exercise, and weight control</li> <li>3. Nutritional needs of older adults</li> <li>4. Reading food labels</li> </ol>	<ol style="list-style-type: none"> <li>1. A game comparing food labels</li> <li>2. A group discussion to identify two personal eating modifications that would lead to a healthier diet</li> </ol>

<b>Workshop #8: MANAGING YOUR STRESS RESPONSE</b>	
Goal: to help participants identify and manage their responses to stressors	
Content	Practical Lessons
<ol style="list-style-type: none"> <li>5. Physical responses to stress</li> <li>6. Methods to modify the stress response</li> </ol>	<ol style="list-style-type: none"> <li>1. 10 minute stretch break</li> <li>2. Relaxation exercises</li> </ol> <p><b>Note:</b> Participants met in small groups so that they could discuss their personal stressors based on homework assignments.</p>

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#### **Workshop #9: EXERCISE OPTIONS & PROGRESSION**

Goal: to help participants develop strategies for incorporating regular physical activity into their daily lives and progressing toward individual goals.

Content	Practical Lessons
<ol style="list-style-type: none"><li>1. Ways to adapt exercise routines to meet personal needs and to keep exercise safe including proper body mechanics and effort level</li><li>2. Relationship of person's current exercise program vs. optimal program for reaching personal goals</li><li>3. Ways to progress and to continue developing exercise program</li></ol>	<ol style="list-style-type: none"><li>1. Identify correct and incorrect exercise techniques including body alignment in an assortment of exercise videos</li><li>2. Follow and adapt for oneself the exercises shown in various exercise videos</li><li>3. Try some basic folk dancing steps (guest instructor)</li></ol>

#### **Workshop #10: YEAR 1 UPDATE & REVIEW OF PERFORMANCE SCORES**

Goal: to discuss individual results and present aggregate findings at the end of the program year.

Content	Practical Lessons
<ol style="list-style-type: none"><li>1. A review of Year 1 CHAMPS program and options for Year 2</li><li>2. Interpretation of individual data summaries from baseline, 6-month, and 1-year functional fitness assessments</li><li>3. Research findings that were presented at various conferences in a poster format</li></ol>	<ol style="list-style-type: none"><li>1. Reviewed functional fitness assessment summaries in relation to their own physical activity regimen</li></ol>

### **Physical Activity Support Mechanism: Monthly Newsletters**

#### *Purpose*

- To provide participants with the latest information about physical activity
- To reinforce information provided during workshops
- To remind participants of workshop dates and topics, upcoming program events, and/or related presentations at the medical group
- To keep participants interested in the program and their own physical activity and help them feel part of an organized program
- To motivate participants with stories of individual participants' successes and challenges

#### *Details*

The newsletters were mailed each month with the activity log. This provided regular contact with the participants. Staff members often added brief hand-written notes to the newsletter. In addition, the newsletters' content included myth busters and tips of the month about exercise and health. We endeavored to make the newsletter understandable to participants with a range of reading levels. Thus, we included pictures, logos, cartoons, large print and plain font styles, and also printed it with high contrast (black text on very light colored paper), limited to two sides of one page.

See Appendix 12:  
Sample Newsletter

## **Physical Activity Support Mechanism: Activity Logs**

### *Purpose*

- To enable participants to self-monitor their physical activities
- To help participants set personal goals
- To facilitate PA counselors' telephone support discussions with participants about their goals and their progress in achieving their goals

### *Details*

Participants recorded their physical activities in logs during one 2-week period each month. The initial (baseline) log was completed prior to the personal planning session. During the planning session, PA counselors reviewed the first log for accuracy. During the year, logs were mailed to participants each month along with the newsletter, workshop announcements, and a cover letter with personal notes.

See Appendix 9, Activity Log, and Appendix 10, Activity Log Tips
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### *Use of Activity Logs by PA Counselors*

- Activity logs were used during telephone support calls to compare participants' current and past levels of activity and to discuss with participants their success in meeting their goals for that time period.
- Prior to mailing the blank logs, PA counselors usually wrote motivational notes on the logs of participants who were difficult to reach by phone or who seemed to need some additional support.

PA counselors found that it was often difficult for participants to quantify the amount of physical activity they performed. For example, many participants reported that they were "busy" all day and regarded as "physical" some sedentary activities such as "driving the car to the supermarket." Also, a few participants did not fill out the logs and/or did not return them in a timely manner. In these cases the information was collected by phone. NOTE: Although some participants felt that completing activity logs was a burdensome task, others reported that the logs provided motivation to stay active.<sup>13</sup>

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<sup>13</sup> Gillis, D. E., Grossman, M. D., McLellan, B. Y., King, A. K., & Stewart, A. L. (2002). Participant's evaluations of program components of a physical activity promotion program for seniors (CHAMPS II). *Journal of Aging and Physical Activity*, 3, 336-353.

## **Feedback and Diffusion**

### **Participant Feedback**

We asked participants for input on various aspects of the program after they completed the CHAMPS II program. Eighty participants completed a survey to rate how helpful different components of the program (such as activity logs, newsletters, and the informational meeting) were for starting or maintaining their physical activity program. In addition, 20 participants took part in a focus group in which they were asked about the most and least useful aspects of the program. Overall, survey participants rated as most helpful staff members' personal attention, encouragement and telephone calls, the informational meeting, and the personal physical activity planning session. Focus group participants also rated personal attention by staff members as one of the program's most helpful features. The aspects of personal attention that seemed most helpful to participants were one-on-one contact with and positive feedback and verbal support from staff members, as well as staff members' nonjudgmental approach. For details, see Gillis, Grossman, McLellan, King and Stewart.<sup>14</sup>

### **Subsequent Program**

Given the success of CHAMPS II, the researchers obtained a grant from The California Endowment to diffuse the program by working with three different community sites in and around San Francisco, California. The goal of this diffusion research is to adapt and implement the CHAMPS II program to meet the needs and resources of individuals and diverse communities.

Please see our web site at <a href="http://www./champs.ucsf.edu/">www./champs.ucsf.edu/</a> for more information.
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<sup>14</sup> Gillis, D. E., Grossman, M. D., McLellan, B. Y., King, A. K., & Stewart, A. L. (2002). Participant's evaluations of program components of a physical activity promotion program for seniors (CHAMPS II). *Journal of Aging and Physical Activity*, 3, 336-353.

## **Appendix 1: Motivational Interviewing Principles, Strategies, and Skills**

*interviewing is a directive, client-centered counseling style for eliciting behaviour change by helping clients to explore and resolve ambivalence. It is most centrally defined not by technique but by its spirit as a facilitative style for interpersonal relationship (Rollnick & Miller, 1995).*

CHAMPS II adopted the “spirit” of motivational interviewing as the primary style behind the interpersonal relationships between program staff and program participants. Staff members were trained in the techniques and strategies that are used to promote productive interactions with program participants, with “a focus on exploring and resolving ambivalence, which is a key obstacle to change.” (Rollnick & Miller, 1995)

How is the “spirit” of motivational interviewing used to encourage behavior change such as increased physical activity? Paraphrasing from Rollnick and Miller’s 1995 article, the key points are:

1. Staff help participants identify their own values and goals to evoke motivation to change.
2. It is the participant’s responsibility to articulate the costs and benefits of taking on new activities or changing behaviors. The staff task is to facilitate discussion of both sides of the dilemma and guide participant toward a resolution of the ambivalence, hopefully in a positive direction.
3. Direct persuasion, advice giving, argumentation, and aggressive confrontation are avoided as methods to encourage change. While there is a place for advice-giving when a participant asks for suggestions, motivational interviewing is based on an eliciting style.
4. Staff must be very attentive and responsive to participant’s motivational signals in order to support but not push for change. If a participant makes comments that imply resistance, that may be a sign that a staff member has assumed greater participant readiness to make a change than is the reality.
5. The relationship between staff and participant is a partnership, with the staff respecting each participant’s freedom to make choices, regardless of the consequences. The only caveat occurs when a participant reports excessive physical activity that could be unsafe due to medical and physical circumstances, such as pre-existing cardiac conditions. In such an instance, the participant is strongly advised to make changes to ensure safety.

Behaviors that are characteristic of the motivational interview style can be learned and skills will develop with practice. The most important techniques include:

1. Reflective listening to understand what a participant is trying to communicate.
2. Expressing support and acceptance.
3. Eliciting and selectively reinforcing any mention of positive change from the participant.
4. Checking on the participant’s readiness to make changes, making sure not to get ahead of the participant or make assumptions about readiness, willingness, and ability to make changes.
5. Encouraging self-determination and problem-solving. “You’re probably the best judge of what will work for you.” “What do you think about this situation?”

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CHAMPS staff when discussing physical activity behavior with participants used **open-ended questions, affirmations, reflective listening, and summaries**, recalled with the acronym “OARS”. These techniques are taught in many communication courses and are useful tools for all types of interpersonal interactions. For more information on motivational interviewing, refer to:

- Rollnick, S. and Miller, W. R. (1995). What Is Motivational Interviewing? Behavioural and Cognitive Psychotherapy, 23, 325-334.
- Miller, W. R.. & Rollnick, S. (2002). Motivational Interviewing: Preparing People for Change (2nd ed.). New York: The Guilford Press.

## **Appendix 2: Initial Contact Letter**

Date

Name  
Address

Dear:

As a member of the [name of sponsoring medical group or agency], you have the opportunity to participate in an exciting new program and research study. You have been randomly selected to take part in the first phase of the study, a short telephone interview about the health and health practices of adults 65 years of age and older.

This health survey is being conducted by researchers at [name of institution and sponsoring agency]. You may have read about it in a recent issue of [medical group newsletter]. A copy of the article is enclosed.

In a few weeks, you will be called by an interviewer who will invite you to complete a 15 minute survey over the telephone. If you decide to complete the interview you will be making a valuable scientific contribution. Your participation in this survey will increase our understanding of the health practices and needs of older adults. In addition, the interview will help determine if you are eligible for the second phase of the project, a new program that may help you improve your health. The program is free and is especially designed to meet the needs of older adults.

I am very enthusiastic about this program and I encourage you to take part in the short survey. However, please note that your participation in the telephone interview is voluntary. You may refuse to continue with the phone call at any time. I hope you will choose to take part in this important project.

Sincerely,

[Name of physician or other well-known person in community]

Encl.

## **Appendix 3: Informational Meeting Agenda and Script**

- I. Introduction
- A. Welcome
- Introductions of project staff
  - General information (such as refreshments and location of restrooms)
- B. Purpose of Meeting
- by completing the telephone survey, you have already made an important contribution (thank you!)
  - next hour, who we are and what the CHAMPS program is about
  - make informed decision about whether or not to take part in this program
  - when making decision about CHAMPS you will fall into 1 of 3 categories: YES -- sign me up now  
NO -- this program is not for me  
MAYBE -- I need to think about this some more
  - at end of meeting we will ask you to complete a card and turn it in, the info you provide will be beneficial
  - draw for door prize
- C. Sequence of Meeting
- To start off our meeting...
- -- who and what is CHAMPS
  - health benefits of physical activity
  - -- slide show on what we mean by physical activity
  - -- specifics of the CHAMPS program
  - -- importance of physical activity
  - Complete response forms/door prize
  - Signup for functional fitness assessment
  - Throughout please stop and ask us questions or clarify meaning
  - Any questions?
- II. CHAMPS: General Aims and Scientific Importance
- III. Health Benefits of Physical Activity (brief talk)
- IV. What is Physical Activity (slide show)
- V. CHAMPS: Specifics of the Program
- We've given you a lot of information on the benefits of physical activity and now I'd like to tell you more about the specifics of the CHAMPS program.
- You may be asking yourself, "What will I learn if I take part in CHAMPS?"

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**Slide 1: What Will I Learn?**

- Physical activity can be fun
- How to:
  - \_\_ Exercise safely
  - \_\_ Motivate yourself
  - \_\_ Overcome barriers
  - \_\_ Set goals
  - \_\_ Maintain independence

As discussed earlier, CHAMPS is...

**Slide 2: Personalized Physical Activity Program**

- You choose the activity
- You decide if home or class based
- We will help you get started
- We will help you modify your program (if necessary)
- We will help you maintain your program

In this program we will work with you at your own pace. You will start slowly... So that your program is safe...

**Slide 3: CHAMPS Program**

Start slowly, progress gradually

- Safe
- Comfortable
- Enjoyable

The main features of the CHAMPS program include:

**Slide 4: Main Features of Program**

- Personal counseling: includes working one-on-one with your physical activity counselor to plan your program.
- Telephone follow-up: You receive this from your physical activity counselor, who will check in to make sure everything is ok with your program and answer any questions you may have.
- Group workshops: Our staff will conduct these monthly on specific topics of interest such as exercise safety, proper nutrition, and stress management.
- Latest information: We will keep you up to date on key research on physical activity and older adults.

## **CHAMPS**

### **Community Healthy Activities Model Program for Seniors**

---

So those are the main features of the CHAMPS program. Now, I'd like to take you through the program step-by-step.

After hearing us speak today, if you decide you want to take part in CHAMPS the next step would be to sign up for a functional fitness assessment. When you sign up for this meeting we will give you some materials to complete beforehand. These include: an informed consent, medical history, and an activities questionnaire. At the meeting you will also participate in some simple physical measures. (Demonstrate) These are simple measures of your physical abilities such as how many times you can sit and stand in 1 minute, how long it takes you to walk a short distance, and how far you can walk in 6 minutes.

#### **Slide 5: Sequence of Events**

- Telephone Survey (already completed)
- Informational Meeting
- Functional Fitness Assessment
  - ⇒ informed consent
  - ⇒ medical history
  - ⇒ questionnaire
  - ⇒ physical measures

After the Functional Fitness Assessment is the Personal Planning Session where you will meet one-on-one with your physical activity counselor. During this meeting you will be randomly assigned to either the intervention group or a wait-list control group. [Note: meeting facilitator discusses methods and purpose of randomization, including differences between groups and benefits to participants.]

Questions?

OK, lets move on. Who can participate in the CHAMPS Program?

#### **Slide 6: Who Can Participate**

Member of HMO

- Participating in little or no physical activity or Just started physical activity
- Planning to stay in the South Bay
- Willing to be randomized

OK, so if you decide to take part in CHAMPS, this is what you can expect from our staff:

#### **Slide 7: What to Expect from CHAMPS Staff?**

- Personalized physical activity program (we will work with you to design a personalized....)
- Personal attention from our trained staff
- Latest information (we will provide the latest information on physical activity for older adults and the health benefits of regular exercise)
- Special workshops
- Confidentiality
- Feedback

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---

Since CHAMPS is a partnership between our staff and you, this is what we will expect from you:

**Slide 8: What to Expect from You?**

- Minimum 1 year commitment
  - Take part in all assessments
  - Provide feedback

VI. Motivational Speaker

VII. Invitation to fill out response card and sign up for next step.

VIII. Thank you for attending

## Appendix 4: Medical History Questionnaire

	QM	/1
	ID Label	/2-5

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**Community Healthy Activities Model Program for Seniors**

### MEDICAL HISTORY QUESTIONNAIRE

**Please read these instructions carefully.** This questionnaire is about your medical conditions and problems, medications and treatments. The information will help us in developing your physical activity program.

- ◆ There are **two main types of questions**:
  - ⇒ Questions where you need to circle YES or NO as the question applies to you; and
  - ⇒ Questions where an answer has not been supplied. You should write your answer in the space provided.
- ◆ Feel free to **write any comments** you have in the space provided at the end of the questionnaire or next to questions on which you have comments. Please **ignore the shaded sections** in the right hand margin; they relate to coding of information for the computer.
- ◆ Please bring your completed questionnaire to your next appointment with the CHAMPS staff.
- ◆ This questionnaire will take about **15 to 20 minutes** to complete. If you are uncertain about how to answer some of the items, bring it with you to your next CHAMPS appointment and we will assist you.

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month / day / year

16-11

Institute for Health & Aging  
University of California San Francisco

Center for Research in Disease Prevention  
Stanford University

CV CHAMPSII/baseline/medhxqst.doc 10/19/95

CHAMPS

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Methodology Questionnaire

**Statement of Confidentiality**

All information that would permit identification of individuals will be regarded as strictly confidential, will be used only for purposes of evaluating the study, and will not be disclosed or released for any other purposes without prior consent, except as required by law.

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**Instructions:** The following questions are about your medical background. Please answer YES or NO for each question.

Do you <u>now</u> have any of the following conditions or problems?			
Trouble seeing, even with glasses or contact lenses?	YES	NO	/12
Trouble hearing, even with a hearing aid?	YES	NO	/13
Arthritis or other joint problems?	YES	NO	/14
Back or spine problems?	YES	NO	/15
Osteoporosis?	YES	NO	/16
Fractures (broken bones) such as a hip fracture, compression fracture or spine fracture?	YES	NO	/17
Pain that is made worse by moving around?	YES	NO	/18
Shortness of breath?	YES	NO	/19
Pains in your heart or chest?	YES	NO	/20

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Have you ever experienced the following <b>while walking, climbing stairs, working or exercising?</b>			
• Chest pain	YES	NO	/21
• Faintness	YES	NO	/22
• Light-headedness or dizziness	YES	NO	/23
• Leg pain	YES	NO	/24
• Heart beat irregularities	YES	NO	/25
Has your doctor ever said you have heart trouble?	YES	NO	/26
Has your doctor ever said you have congestive heart failure?	YES	NO	/27
Has your doctor ever told you to restrict your physical activity because of a physical or medical problem?	YES	NO	/28
Have you fallen in the past 12 months? Falling includes falling on the ground or at some other level such as a chair. If YES, how many times have you fallen in the last 12 months?	YES —	NO times	/29 /30-31
Are you <u>now</u> receiving treatment for a mental health condition such as depression or anxiety?	YES	NO	/32
<b>Do you <u>now</u> have any of the following conditions or problems?</b>			
Spells of dizziness, feeling faint or loss of consciousness?	YES	NO	/33
Paralysis, stroke, or other neurological problems?	YES	NO	/34
Parkinson's disease?	YES	NO	/35

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**Do you now have any of the following conditions or problems?**

Digestive or stomach problems such as chronic inflamed bowel, hiatal hernia, enteritis, colitis, ulcers, etc.?	YES	NO	/36
Kidney or liver disease?	YES	NO	/37
Asthma, chronic bronchitis or emphysema?	YES	NO	/38
High blood pressure (hypertension)? If YES, what is your usual blood pressure: _____ / _____ How is it being controlled? Please explain: _____ _____	YES	NO	/39 /40-45  /46-51
Diabetes? If YES, how is it being controlled? Please explain: _____ _____	YES	NO	/52  /53-58
Cancer diagnosed in the last 3 years? If YES, what type of cancer? Please explain: _____ _____ _____	YES	NO	/59  /60-65
If YES, are you <u>now</u> receiving treatment for cancer?	YES	NO	/66

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Do you have any other <u>major</u> health problems or conditions not mentioned above? If YES, please explain: _____ _____ _____	YES	NO	/67  /68-73
Is there a good physical reason not mentioned above why you should not follow a physical activity program, even if you wanted to? If YES, please explain: _____ _____ _____	YES	NO	/74  /75-80

**Instructions:** The next set of items ask for information about medications you are now taking.

Sometimes people have difficulty completing this section. If you would like assistance from the CHAMPS staff, please bring all of your prescription medications bottles to your next appointment with our staff. We will then write down the names of the medication and immediately return them to you. If you would prefer to complete this information on your own, please complete the information below.

Please list the names of the prescription medications you have been taking regularly for at least the past month. [Please PRINT legibly]

Drug #1: \_\_\_\_\_  
 Drug #2: \_\_\_\_\_  
 Drug #3: \_\_\_\_\_  
 Drug #4: \_\_\_\_\_  
 Drug #5: \_\_\_\_\_

Drug #6: \_\_\_\_\_  
 Drug #7: \_\_\_\_\_  
 Drug #8: \_\_\_\_\_  
 Drug #9: \_\_\_\_\_  
 Drug #10: \_\_\_\_\_

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Are you receiving any other type(s) of treatment(s) not previously mentioned?

If YES, please list the treatment(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have any comments that you would like to share with us, please feel free to write them below. Please use the back of this page if you need more room to write.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Thank you!*

**Appendix 5: Medical Release Form**

**As a courtesy to your primary care physician, we would like to inform him/her about your participation in CHAMPS. If this is agreeable to you, please provide his/her name and sign below:**

Primary Care Physician's Name: _____		
_____	Date: _____ / _____ / _____	
Signature	month	day year

## **Appendix 6: Notification Letter to Participant's Physician**

Name  
Address

Date

Dear Dr. [name]:

Your patient, [patient name], has taken the initiative to improve her health by enrolling in the Community Healthy Activities Model Program for Seniors (CHAMPS). CHAMPS is a research project funded by [funding source] and is being conducted at [clinic or agency name] by [project director name and institution]. In addition, [physician name] of [clinic] is the medical director of the study. Attached is a summary sheet explaining the CHAMPS program.

One of my roles in the CHAMPS project is to serve as a liaison between the [clinic or agency name] physicians and the CHAMPS staff. As an exercise physiologist, I will provide physical activity counseling for many of the participants, especially those with chronic medical conditions.

In preparation for this program, your patient has completed a medical history form which has been reviewed by our staff nurse and [physician name]. If you have any medical concerns about this person's participation in the study, please call me at [clinic or agency name] (325-6185) or at the CHAMPS main office (323-0601) **prior to [date of your patient's enrollment meeting]**.

Thank you for your assistance in this endeavor. Should you have any questions, please do not hesitate to contact me or the CHAMPS staff.

Sincerely,

Name  
Title

## Appendix 7: Script and Phone Screen to Schedule 6-Month Functional Fitness Assessment

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### SCRIPT TO SCHEDULE 6-MONTH ASSESSMENT

- \*Need participants name, address, phone number, & enrollment appointment book
- \*Make notes on telephone contact sheet

Hello \_\_\_\_\_, This is \_\_\_\_\_ from CHAMPS. I am calling to set up an appointment for your six-month assessment. This assessment will consist of questionnaires and physical functioning tests just like those you completed when you joined the study. You will receive \$10 for completing the questionnaires and tests.

Before we schedule a time, I need to ask you a brief set of questions to check if your medical condition has changed since you enrolled in the study. This should only take a couple of minutes. Is this a good time?

**If YES--** Continue with PHONE SCREENING FOR 6-MONTH ASSESSMENT

**If NOT convenient time--**Schedule time to call back

**If REFUSE-** Thank them for their time, hang up and alert project director

After **completion** of screening questions:

**If YES to any** of the screening questions, inform them that the exercise physiologist will be calling them to discuss the information in greater detail before scheduling.

**If NO to ALL** screening questions, schedule for testing: Thanks for answering those questions. It seems like it would be O.K. for you to come in for the physical functioning tests. Would you like to get your calendar to set up a time to come to the clinic?

**If YES --** continue with script

**If NO --** set up time to call back

Testing will be conducted at the **same location** at the PAMF **auditorium above Urgent Care**. Your appointment should last approximately **one hour**. I will send you **two questionnaires to complete one to two days before your appointment**. Please **bring** the completed questionnaires with you to your appointment. Do you have any questions? I would like to verify that your address is \_\_\_\_\_. If you have any questions between now and your appointment, you may contact me at the CHAMPS office at 3230601. Thank you very much for your time.

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ID \_\_\_\_\_  
 Date \_\_\_\_\_  
 Interviewer's Initials \_\_\_\_\_

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PHONE SCREENING FOR 6-MONTH ASSESSMENT

Instructions: Please answer yes or no to the following questions. Your responses will be regarded as strictly confidential.

1. Are you currently recovering from <u>any injury or surgery</u> ?	YES	NO
2. Have you been diagnosed with any <u>new medical condition</u> in the past 6 months such as high blood pressure or diabetes?	YES	NO
3. Have you been diagnosed with any <u>heart beat irregularities, heart condition, or stroke</u> in the past 6 months?	YES	NO
4. Have you been diagnosed with <u>congestive heart failure</u> in the past 6 months?	YES	NO
5. Have you experienced any <u>chest pain</u> in the past 6 months?	YES	NO
6. Have you experienced any <u>loss of consciousness</u> in the past 6 months?	YES	NO
7. Has your <u>doctor restricted your physical activity</u> in the past 6 months?	YES	NO
8. Have you been <u>hospitalized</u> in the past 6 months?	YES	NO

**\*\*If YES to any** of the above questions, inform them that that staff exercise physiologist or nurse will be calling them to discuss the information in greater detail before scheduling

**\*\*If NO to all** questions, schedule for testing using SCRIPT TO SCHEDULE 6-MONTH ASSESSMENT

Interviewer's Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Appendix 8: Medical History Questionnaire: Six-Month Update**

QM2 /1-2  
 ID Label /3-6

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**MEDICAL HISTORY QUESTIONNAIRE -- 6 MONTH UPDATE**

Please fill in today's date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ /1-12  
month day year

<b>Instructions:</b> Please answer YES or NO for each question and explain if specified. Do you <u>now</u> have or have you experienced any of the following conditions or problems in the <u>past 6 months</u> ?			
Arthritis or other joint problems?	YES	NO	/13
Back or spine problems?	YES	NO	/14
Fractures (broken bones) such as a hip fracture or compression fracture?	YES	NO	/15
Pain that is made worse by moving around?	YES	NO	/16
Shortness of breath?	YES	NO	/17
Pains in your heart or chest?	YES	NO	/18
Loss of consciousness?	YES	NO	/19
Faintness, lightheadedness, or dizziness?	YES	NO	/20
Leg pain?	YES	NO	/21
Heart beat irregularities?	YES	NO	/22
Asthma, chronic bronchitis, or emphysema?	YES	NO	/23
Have you experienced unintentional leakage of urine?	YES	NO	/24
<b>If YES, does the leakage occur:</b>			
⇒ when you cough, sneeze, lift, stand up or exercise, etc?	YES	NO	/25
⇒ when you have the urge to urinate and cannot get to the toilet fast enough?	YES	NO	/26
High blood pressure (hypertension)?	YES	NO	/27
<b>If YES, what is your usual blood pressure:</b> _____ / _____			/28-33
How is it being controlled? Please explain: _____ _____			/34-39

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Do you <u>now</u> have or have you <u>ever</u> experienced any of the following conditions or problems?			
Paralysis, stroke, or other neurological problems?	YES	NO	/40
Diabetes? If YES, how is it being controlled? Please explain: _____	YES	NO	/41  /42-47
Has your doctor ever said you have heart trouble? If YES, please explain: _____	YES	NO	/48  /49-54
Has your doctor ever said you have congestive heart failure?	YES	NO	/55
Has your doctor ever told you to restrict your physical activity because of a physical or medical problem? If YES, please explain: _____ _____	YES	NO	/56  /57-62
Do you have any other <u>major</u> health problems or conditions not mentioned above? If YES, please explain: _____	YES	NO	/63  /64-69

**Instructions:** Please list the names of the prescription medications you are currently taking or have available if needed. (Please print legibly.) If you prefer, bring the medication bottles to your appointment and the CHAMPS staff will assist you in recording the information.

Drug #1: _____	Drug #5: _____
Drug #2: _____	Drug #6: _____
Drug #3: _____	Drug #7: _____
Drug #4: _____	Drug #8: _____

*Thank you!*

### Appendix 9: Activity Log

LOG#26

ID#:

# CHAMPS

## COMMUNITY HEALTHY ACTIVITIES MODEL PROGRAM FOR SENIORS

### Activity Log -- Group A

**Date:** →→ Enter the date exercise completed.

**Activity:** →→ Write in the type of activity (e.g., slow walking, brisk walking, stretching, water aerobics, golf without cart, etc.)

**Class:** →→ Circle "Y" for YES if your activity was part of a community class. Circle "N" for NO if your activity is not part of a class.

**Time (min.):** →→ Record, in minutes, the total amount of time exercised.

**Effort:** →→ Record your work effort during exercise, using the work effort scale **on the back of this booklet** → → →

**Comments:** →→ *Optional* -- Write in any comments about your exercise session.

<b>Week #1 Goals:</b>	
<b>Week #2 Goals:</b>	

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**Week #1**

Week #1			
<b>Monday -- Date:</b> ___/___/___	<b>Class</b>	<b>Time (min.)</b>	<b>Effort</b>
Activity#1: _____	N Y	_____	_____
Activity#2: _____	N Y	_____	_____
Activity#3: _____	N Y	_____	_____
Comments: _____			
<b>Tuesday -- Date:</b> ___/___/___	<b>Class</b>	<b>Time (min.)</b>	<b>Effort</b>
Activity#1: _____	N Y	_____	_____
Activity#2: _____	N Y	_____	_____
Activity#3: _____	N Y	_____	_____
Comments: _____			
<b>Wednesday -- Date:</b> ___/___/___	<b>Class</b>	<b>Time (min.)</b>	<b>Effort</b>
Activity#1: _____	N Y	_____	_____
Activity#2: _____	N Y	_____	_____
Activity#3: _____	N Y	_____	_____
Comments: _____			
<b>Thursday -- Date:</b> ___/___/___	<b>Class</b>	<b>Time (min.)</b>	<b>Effort</b>
Activity#1: _____	N Y	_____	_____
Activity#2: _____	N Y	_____	_____
Activity#3: _____	N Y	_____	_____
Comments: _____			
<b>Friday -- Date:</b> ___/___/___	<b>Class</b>	<b>Time (min.)</b>	<b>Effort</b>
Activity#1: _____	N Y	_____	_____
Activity#2: _____	N Y	_____	_____
Activity#3: _____	N Y	_____	_____
Comments: _____			
<b>Saturday -- Date:</b> ___/___/___	<b>Class</b>	<b>Time (min.)</b>	<b>Effort</b>
Activity#1: _____	N Y	_____	_____
Activity#2: _____	N Y	_____	_____
Activity#3: _____	N Y	_____	_____
Comments: _____			
<b>Sunday -- Date:</b> ___/___/___	<b>Class</b>	<b>Time (min.)</b>	<b>Effort</b>
Activity#1: _____	N Y	_____	_____
Activity#2: _____	N Y	_____	_____
Activity#3: _____	N Y	_____	_____
Comments: _____			

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**Community Healthy Activities Model Program for Seniors**

Week #2		ID#:	Log#26
Monday -- Date: ___/___/___		Class	Time (min.)
Activity#1: _____	N Y	_____	Effort
Activity#2: _____	N Y	_____	_____
Activity#3: _____	N Y	_____	_____
Comments: _____			
Tuesday -- Date: ___/___/___		Class	Time (min.)
Activity#1: _____	N Y	_____	Effort
Activity#2: _____	N Y	_____	_____
Activity#3: _____	N Y	_____	_____
Comments: _____			
Wednesday -- Date: ___/___/___		Class	Time (min.)
Activity#1: _____	N Y	_____	Effort
Activity#2: _____	N Y	_____	_____
Activity#3: _____	N Y	_____	_____
Comments: _____			
Thursday -- Date: ___/___/___		Class	Time (min.)
Activity#1: _____	N Y	_____	Effort
Activity#2: _____	N Y	_____	_____
Activity#3: _____	N Y	_____	_____
Comments: _____			
Friday -- Date: ___/___/___		Class	Time (min.)
Activity#1: _____	N Y	_____	Effort
Activity#2: _____	N Y	_____	_____
Activity#3: _____	N Y	_____	_____
Comments: _____			
Saturday -- Date: ___/___/___		Class	Time (min.)
Activity#1: _____	N Y	_____	Effort
Activity#2: _____	N Y	_____	_____
Activity#3: _____	N Y	_____	_____
Comments: _____			
Sunday -- Date: ___/___/___		Class	Time (min.)
Activity#1: _____	N Y	_____	Effort
Activity#2: _____	N Y	_____	_____
Activity#3: _____	N Y	_____	_____
Comments: _____			

If you have any questions contact us at the CHAMPS at: (415)323-0601

Work Effort Scale	
6	Rest
7	Very, Very Light
8	
9	Very Light
10	
11	Fairly Light
12	
13	Somewhat Hard
14	
15	Hard
16	
17	Very Hard
18	
19	Very, Very Hard
20	

## Appendix 10: Activity Log Tips

The following is a list of tips to help you fill out the activity logs effectively so that we obtain the research information needed.

A.	B.	C.	D.
<b>Monday</b> – Date: ____/____/____	Class	Time (min.)	Effort
Activity#1: _____	N Y	_____	_____
Activity#2: _____	N Y	_____	_____
Activity#3: _____	N Y	_____	_____
Comments:			

### A) Activity:

- Specify exact activity (e.g. walking, stretching, stationary bike). Please do not write in just the word “exercise”.
- Even though these activities may be tiring do not record the following:
  - Shopping / Errands
  - Work
  - Meditation / Stress management
  - Driving
- Do record walking to and from the grocery store, work, or to lunch if it is clearly stated and does not include time spent shopping, working, or eating lunch.
- Physical therapy:
  - ◆ Only record the times when you are doing the actual exercises by yourself.
  - ◆ Do not record the physical therapy sessions with your physical therapist.
- Do not group unrelated activities together such as gardening and housework, write as two separate activities since we need to code each activity separately.
- Do group similar activities together such as vacuuming and cleaning windows as housework. If you are unclear then state the activities separately.

### B) Class:

- Please remember to circle Y=yes or N=no for whether the activity is a class you are taking or not. Exercising to a video or TV program is not considered a class.

### C) Time:

- Remember to fill in the amount of time in minutes doing a particular activity.
  - ◆ Avoid writing in all day.
- Estimate the time to the best of your ability.

### D) Work Effort

Remember to:

- Use scale
- Estimate work effort for overall activity instead of giving ranges.

## Appendix 11: Telephone Follow-up Form

**CHAMPS Telephone Follow-Up – 1st Contact**

**Name:** \_\_\_\_\_ **Id#:** \_\_\_\_\_  
**Counselor:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Best Time:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Time start:** \_\_\_\_\_

<b>Introduction</b>	
	How are you doing? (reflective listening)
	How is your physical activity program doing? (reflective listening)
	What changes in your health have you noticed during the last _____ weeks? (reflective listening)
<b>Pain</b>	
	Do you have any pain associated with exercise? <b>YES NO</b>
	When do you have this pain?
	Where is the pain located?
	Can you describe the pain?
	How severe is the pain (1 = mild, 5 = moderate; 10 = severe)
	How long have you had the pain?
	Does the pain prevent you from doing your exercise? <b>YES NO If YES, for how long?</b>
	Have you sought medical treatment for your pain? <b>YES NO If YES, what?</b>
<b>Goals, Barriers &amp; Motivation</b>	
	What goals have you set for yourself this week? (reflective listening) -- <b>Discuss Contract</b>
	Do you foresee any obstacles for the next 2 weeks that may make exercise difficult? <b>YES NO</b> <b>If YES, what is the obstacle?</b>
	Will it prevent you from exercising? <b>YES NO If YES, for how long?</b>
	Have you thought about how to alter, adapt, avoid this obstacle to maintain your exercise program?
<b>If currently NOT exercising:</b>	

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	When was the last time you exercised?
	What has prevented you from exercising?
	What is your confidence in your ability to restart a regular exercise program? 0 to 100% _____
	Do you have any ideas to help you start your exercise program?
	Do you feel an additional phone call would be helpful 1 to 2 days after you restart your program?
	Is there anything else you would like to discuss with me at this time?

**Appendix 12: Sample Newsletter**

# CHAMPS Newsletter

Community Healthy Activities Model Program for Seniors

March 1998

Vol. 2/ No. 12

## CHAMPS Workshop Dates

### Workshop #9: Exercise Options and Progression

Rain or shine, come join us on:

**Wednesday, March 18<sup>th</sup>**  
from **2:30 to 4:00 PM**

- Try some new moves with a local folk dance instructor.
- Review safety issues and critique exercise videos available at the public library.
- Determine if your current physical activity program is optimal for reaching your goals.
- Identify ways to increase strength, endurance, flexibility and balance.

Please call by: **✦ Tuesday, March 17<sup>th</sup>** to sign-up.



### Just a reminder...

Workshop #10 is the last workshop in our series. At this workshop we will provide you with your individual physical evaluation scores.

Workshop #10 will be held several times throughout the next few months. **Sign up will occur once your 24-Month Evaluation is complete.** If you have any questions about this workshop, please contact your exercise counselor at the CHAMPS office.

### Clinic Lectures

The clinic's Education Department is offering the following lecture:

**March 11th: Now Where Did I Put My Keys?**  
**2:30 to 4:30 PM**

This lecture will take place in the auditorium. To register call: (xxx)xxx-xxxx.

## CHAMPS Headliner



Group A participants may recognize the name of our headliner – *Participant Name*. He was highlighted two years ago for his enthusiasm and dedication to staying fit so that he could keep playing golf.

Now, at a young age of 92, this participant has once again motivated and impressed us all. This fall, he had a tough time with pneumonia. The rains were also making it difficult to get out there and golf. One day he noticed that his watch band was slipping around on his wrist. He said, "I knew I must be getting weak all over and I needed to do something about it."

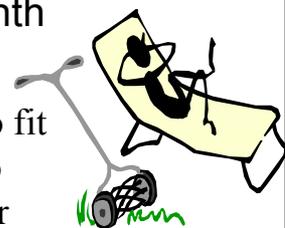
This participant took action and signed up for a Foothill College exercise class - the first exercise class of his life! Now he is using exercise machines for upper and lower body strengthening, plus using the treadmill and stationary bike 3 to 4 times per week. After a workout last week, he still had the energy to go hit a bucket of balls. He'll be ready for golf this season and rumor has it that he'll be showing off some new strong, rippling muscles!

## CHAMPS Myth-Buster of the Month

### True or False?

If you haven't been able to fit more physical activity into your life by now, it's never going to happen.

See back page for answer



## Tip of the Month: The Surgeon General's Recommendations for Physical Activity



Experts agree that for better health, physical activity should be performed regularly. While this is old news for CHAMPS participants, we thought we'd share the recommendations from *Physical Activity and Health, A Report of the Surgeon General, 1996*.

- \* You're never too old to exercise.
- \* People of all ages should include a minimum of 30 minutes of moderate intensity exercise on most, if not all, days of the week.
- \* Greater health benefits can be obtained by taking part in physical activity of more vigorous intensity or of longer duration (as long as medical concerns are addressed).
- \* Supplement endurance activities with strength-developing exercises at least 2 times a week. Strengthening exercises help to improve musculoskeletal health, maintain independence in performing the activities of daily life, and reduce the risk of falling.

**How can you reach these goals?** The Surgeon General's report suggests you start with what you are currently doing and slowly add activity to each of your days. In Aesop's classic fable, it's the tortoise that wins the race; our CHAMPS workshops have emphasized this same "slow but steady" approach to reaching your fitness goals.

**Limit your progression to 10% a week.** For example, if you now walk 20 minutes a day, try 22 minutes a day next week.

There are four approaches to increasing your activity:

- 1) **Add new activities** (one at a time) to balance your fitness program. Try dance, tai chi, check out a community class, go walking with the Sierra Club. The opportunities are endless!
- 2) **Increase the frequency** of the activity you are currently doing. Moderate level (work effort from 11 to 13) endurance, flexibility and

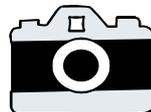
balance activities can be done every day of the week. Strength activities are usually recommended 2-3 times a week (more often is "O.K." if the intensity is light).

3) **Increase the intensity** (work effort) of the activity. For instance, try walking slightly faster. **Check with your physician before progressing to a vigorous effort** (work effort 14 and above).

4) **Increase the duration of the activity**. For example, swim an extra lap or gently hold a stretch a few more seconds.

If you have any questions about increasing your activity, give us a call at the CHAMPS office.

## Say "Cheese" for Research!



We need photos or slides of you, your family, or friends involved in vigorous physical activities such as tennis, basket-ball, skiing, hiking, cycling or military exercises to help illustrate one of our staff's research paper on lifetime physical activity. She will present this paper at the annual meeting of the Society of Behavioral Medicine. Your old photos from the 1920's through the 1970's would be especially welcome. Please call the CHAMPS office at 323-0601 as soon as possible. She will make a copy of your photo and return the original.

## CHAMPS Myth-Buster of the Month

### False!



Research has shown that the amount of progress people make as they follow health promotion programs such as CHAMPS is directly related to how ready they were to make a change at the start of the program. If you felt uncertain about becoming physically active when you joined CHAMPS, it might take you a long time to make beneficial changes. **HOWEVER**, don't give up! Research also has shown a considerable "delayed effect" for health promotion programs. In other words, when you're ready, you'll be able to fit in more activity. Read the **CHAMPS Headliner** for an example of this!